

Prevocational Questionnaire

Name _____ School _____ Grade _____

1. Name 2 jobs that you think you could do right now, without any training.

1. _____ 2. _____

2. Name 2 jobs that you would like to do if you had the required training.

1. _____ 2. _____

3. List 2 duties for each of the jobs you listed in question #2.

Job #1

Job #2

1. _____ 1. _____

2. _____ 2. _____

4. Circle one of the following capitalized phrases in each of the statements.

a. I would like to work INDOORS or OUTDOORS.

b. I would like to work BY MYSELF or WITH OTHER PEOPLE,

c. I would like to work with PEOPLE, THINGS (MACHINES), or DATA (IDEAS, WRITTEN WORDS).

d. While I'm working, I like to MOVE AROUND or SIT IN ONE PLACE,

e. I would like to work in a BUSY or QUIET place.

f. I would like to wear a UNIFORM, DRESSY CLOTHES or CASUAL CLOTHES each day.

g. I would like to do THE SAME THING or DIFFERENT THINGS each day.

h. I would like to be SUPERVISED or NOT SUPERVISED at my job.

i. I would like to TRAVEL or STAY IN ONE PLACE for my job.

j. I would rather STAY CLEAN or GET DIRTY while I work.

5. Have you ever worked before? _____ If so, where? _____

6. Are you working now? _____ If so, where and how many hours a week? _____

7. Name any interests or hobbies that you have: _____

8. Rate yourself on the following: (Check one box for each item)

	Attendance	Attitude	Behavior	Effort	Getting Along with Others
Good					
Fair					
Needs Improvement					

9. Can you do the following?

Lift heavy things	Yes	No
Pull things	Yes	No
Push things	Yes	No
Climb	Yes	No
Balance	Yes	No
Stand for 2 hours, while working	Yes	No

Hear normal speech	Yes	No
See objects across the room	Yes	No
Walk for short distances	Yes	No
Bend over/stoop	Yes	No
Speak to customers	Yes	No
Sit for 2 hours, while working	Yes	No

10. Do you know how to use the following?

Hammer	Yes	No
Screwdriver	Yes	No
Wrench	Yes	No
Pliers	Yes	No
Lawn Mower	Yes	No

Can Opener	Yes	No
Stove	Yes	No
Oven	Yes	No
Vacuum Sweeper	Yes	No
Iron	Yes	No

11. Check the home chores that you do.

- | | | | |
|--|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Clean your room | <input type="checkbox"/> Clean bathroom | <input type="checkbox"/> Laundry | <input type="checkbox"/> Vacuum |
| <input type="checkbox"/> Wash & dry dishes | <input type="checkbox"/> Take out garbage | <input type="checkbox"/> Dust | <input type="checkbox"/> Cook |
| <input type="checkbox"/> Mow the Lawn | <input type="checkbox"/> Other (Please list) _____ | | |

12. Do you know how to do the following?

Sort laundry	Yes	No	Boil Water	Yes	No
Use wash machine	Yes	No	Fry eggs or hamburgers	Yes	No
Use clothes dryer	Yes	No	Make a salad	Yes	No
Hang clothes to dry	Yes	No	Bake a cake	Yes	No
Fold laundry	Yes	No	Prepare a meal	Yes	No
Iron laundry	Yes	No			

13. How do you get around town?

Drive a car	Yes	No
Ride the city bus	Yes	No
Ride with parents	Yes	No
Ride with friends	Yes	No
Ride a bike	Yes	No
Walk	Yes	No

14. Do you know how to? Yes No

Balance a checkbook?	Yes	No
Open a checking account?	Yes	No
Open a savings account?	Yes	No
Write checks?	Yes	No
Make deposits and withdrawals?	Yes	No